

# Subject index

*Medical Economics, July through December 1965*

Each listing shows title of major article or short item (with dagger). First two figures following title indicate date of issue; last figure indicates page number in that issue on which the article or item starts. Back copies of MEDICAL ECONOMICS may be purchased, as long as the supply lasts, at \$1 each postpaid; Special Issues (7-12, 8-23, 9-6, 9-20, 11-15, 12-13), \$2 postpaid.

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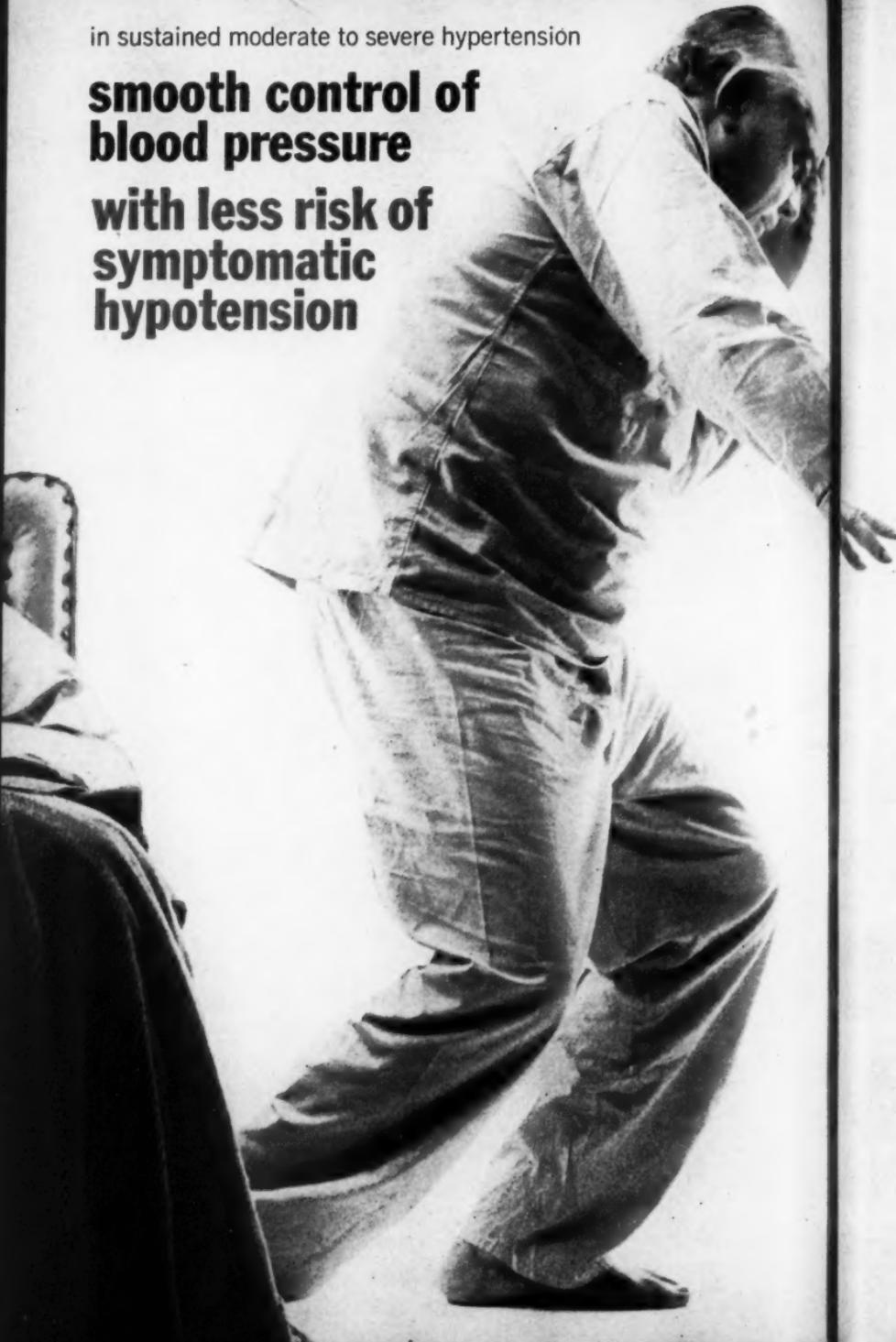
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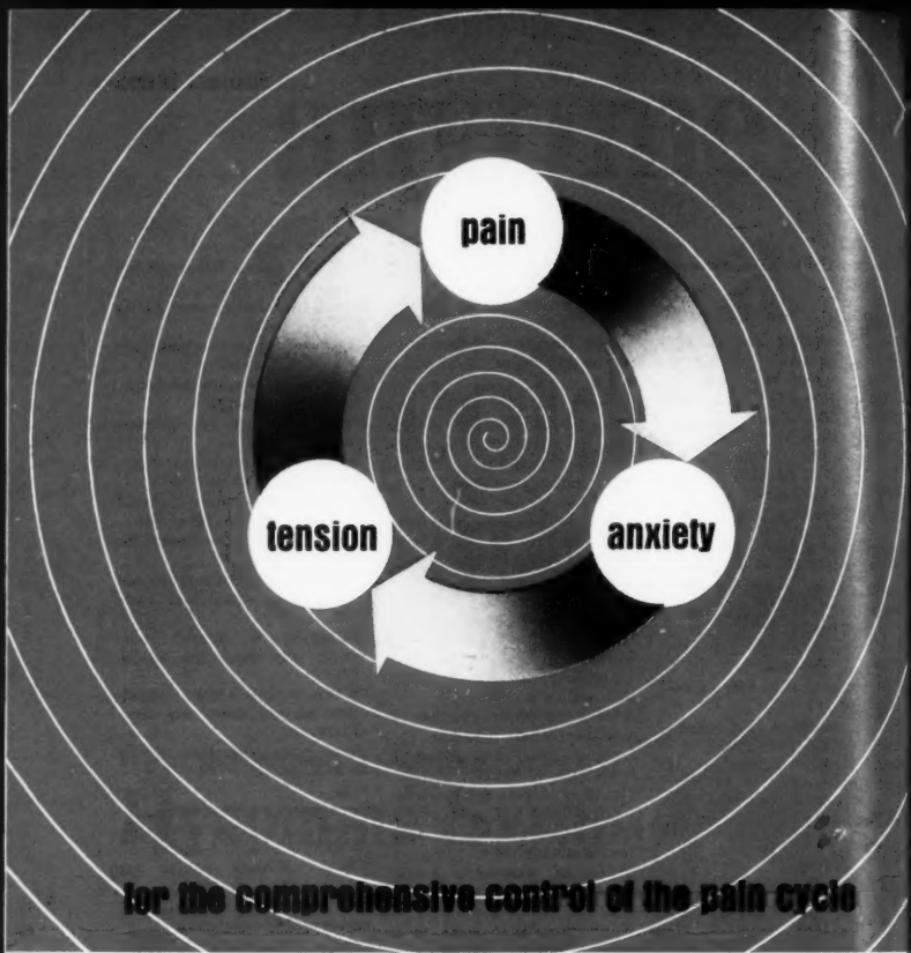
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helps break the  
"cure"-recurrence  
pattern  
in cystitis



**Contraindicated:** In individuals hypersensitive to sulfonamides, oxytetracycline, or phenazopyridine HCl. Also, in pregnant females at term, in premature infants, or in newborn infants during the first week of life.

**Warning:** Reduce usual oral dosage and consider serum level determinations in patients with impaired renal function. Use of oxytetracycline during the last trimester of pregnancy, neonatal period and early childhood may cause discoloration of developing teeth.

During treatment with tetracyclines, individuals susceptible to photodynamic reactions should avoid direct sunlight; if such reactions occur, discontinue therapy.

**Note:** With oxytetracycline, phototoxicity is unknown and photoallergy very rare.

Sulfonamide therapy has been associated with deaths from hypersensitivity reactions, agranulocytosis, aplastic anemia, and other blood dyscrasias. Therefore, because of its sulfonamide content, Urobiotic should be used only after critical appraisal in patients with liver damage, renal damage, urinary obstruction, or blood dyscrasias. When used intermittently, or for a prolonged period, blood counts and liver and kidney function tests should be performed.

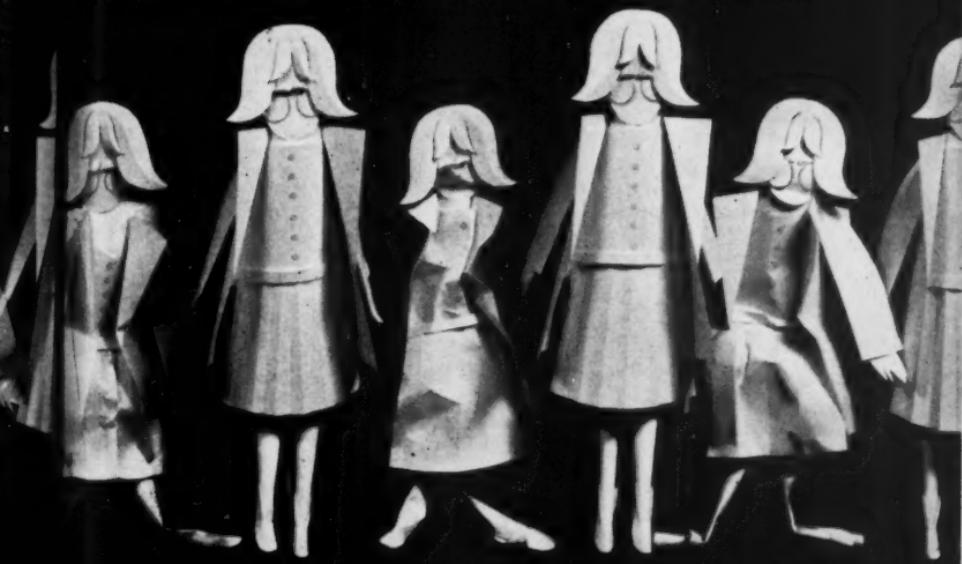
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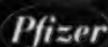
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**these are the  
most common  
characteristics of  
the migraine patient**

LIFE CHARACTERISTICS

Family history of migraine  
Migraine more frequent among females  
than males  
Migraine forerunners (car sickness, biliousness)  
frequently seen in childhood  
Attacks increase in frequency with growing  
responsibilities (puberty, schooling, work,  
marriage, etc.)  
Attacks increase during periods of stress and,  
especially in classic migraine, decrease in  
periods of relaxation and with age  
Relief seen during pregnancy in about  
80 per cent of cases of ordinary migraine  
Relief in ordinary migraine is gained after major  
illnesses or operations. Prolonged illness  
may bring temporary remission

PERSONALITY CHARACTERISTICS

Tendency to intellectualize  
Unusually ambitious  
Tense, nervous temperament  
Excessively rigid standards  
Inability to express feelings  
Sensitivity to criticism  
Abnormal striving for success  
Tendency to worry—doubts and fears  
Strong need for approval  
Inability to tolerate anger in self  
Strong reaction to all stimuli  
Attacks may be precipitated by  
fatigue, loss of sleep, worry, hunger,  
anger, resentment, frustration, excitement,  
travel, crowds, strong smells,  
changes in humidity

FEMALE

usually relatively short, delicately built, neatly  
dressed, trim, highly intelligent, moves and  
speaks quickly, has tendency toward morning  
lassitude with energy peak in evening

MALE

shows no characteristic body build, is often  
well educated "brain worker", in a profession  
or semiprofession, overambitious, exaggerated  
sense of responsibility, takes perfectionist  
attitude toward self and others

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**unctions and adverse reactions:** The transitory drowsiness which may occur with hydroxyzine HCl usually disappears spontaneously in a few days with continued therapy, or is correctable by dosage reduction. Drowsiness of the mouth may be seen with higher doses. Transient motor activity, including rare instances of drowsiness and convulsions, has been reported, usually on more than recommended dosage. Hydroxyzine HCl may potentiate barbiturates, narcotics such as meperidine and other CNS depressants. In conjunctive use, the dosage for these drugs should be decreased. Because drowsiness may occur, patients should be cautioned against driving a car or operating dangerous machinery.

**Oral Solution Precautions and contraindications:** This dosage form is intended only for I.M. or I.V. administration and should not under any circumstances be injected subcutaneously or intra-arterially. The usual precautions for I.M. injection have been noted, reports of soft tissue reactions have been made. Due to infrequent phlebitis and rarely, reversible hemolysis with hemoglobinuria, resulting from too rapid and/or haphazard administration of the solution, I.V. administration should be slow, no faster than 25 mg. per minute, and should not exceed 100 mg. in any single dose. Particular care should be used to insure injection into intact veins; a few instances of digital gangrene occurring distal to the injection site have been reported to inadvertent intra-arterial injection or peridental extravasation, both of which should be avoided.

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CAPSULES /oxytetracycline 250 mg., nystatin 250,000 units

**Terrastatin reinforces the benefits of Terramycin® (oxytetracycline)—with its broad range of effectiveness, low order of toxicity, excellent toleration and high concentration in body tissues and fluids—with the anti-fungal protection so often needed in the elderly...as well as in the very young, during pregnancy, in the diabetic, the debilitated, those on steroid therapy, and any patient requiring prolonged or high antibiotic dosage. (Also available Terrastatin for Oral Suspension: oxytetracycline 125 mg., nystatin 125,000 units/5 cc.)**

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# Terrastatin®

For Oral Suspension  
oxytetracycline 125 mg., nystatin 125,000 units/5 cc.  
Capsules  
oxytetracycline 250 mg., nystatin 250,000 units

**Contraindicated:** In individuals hypersensitive to oxytetracycline or nystatin.  
**Warning:** Reduce usual oral dosage and consider antibiotic serum level determinations in patients with impaired renal function.

Use of oxytetracycline during the last trimester of pregnancy, neonatal period and early childhood may cause discoloration of developing teeth.

During treatment with tetracyclines, individuals susceptible to photodynamic reactions should avoid direct sunlight; if such reactions occur, discontinue therapy.

**Note:** With oxytetracycline, phototoxicity is unknown and photoallergy very rare.

**Precautions:** Use of broad-spectrum antibiotics occasionally may result in overgrowth of nonsusceptible organisms. Where such infections occur, discontinue oxytetracycline and institute specific therapy. Increased intracranial pressure in infants is a possibility. Symptoms disappear upon discontinuation of therapy.

**Adverse Reactions:** Nausea, diarrhea, glossitis, stomatitis, proctitis, vaginitis and dermatitis, as well as reactions of an allergic nature, may occur but are rare.

**Supply:** Terrastatin Capsules: oxytetracycline, 250 mg. and nystatin, 250,000 units. Terrastatin for Oral Suspension: oxytetracycline, 125 mg. and nystatin, 125,000 units per 5 cc. (when reconstituted).

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